

GOVERNMENTAL AGENCY (pursuant to Fam. Code, §§ 17400, 17406) or ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
ORDER AFTER HEARING TO SET ASIDE SUPPORT ORDER	
CASE NUMBER:	

1. This proceeding was heard
 on (*date*): _____ at (*time*): _____ in Dept: _____ Room: _____
 by Judge (*name*): _____ ☐ Temporary Judge
2. a. ☐ Petitioner/plaintiff present ☐ Attorney present (*name*): _____
 b. ☐ Respondent/defendant present ☐ Attorney present (*name*): _____
 c. ☐ Other parent present ☐ Attorney present (*name*): _____
 d. ☐ Governmental agency ☐ By (*name*): _____
3. The support order filed (*date*): _____ ordering (*name*): _____
 to pay support to (*name*): _____
 a. ☐ is not set aside
 b. ☐ is set aside on the following grounds (*specify*): _____

4. Other (*specify*): _____

Date: _____

Approved as conforming to court order:

 (TYPE OR PRINT NAME)

 JUDICIAL OFFICER

SIGNATURE OF ATTORNEY FOR ☐ PETITIONER/PLAINTIFF
☐ RESPONDENT/DEFENDANT
☐ OTHER PARENT